

## PART B - FEE(S) TRANSMITTAL

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7590

06/17/2004

CRAWFOR MAUNU, PLLC  
 1270 NORTHLAND DRIVE  
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 ST. PAUL, MN 55120

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|                                |                    |
|--------------------------------|--------------------|
| Rennae Johnson Kelly Waltigney | (Depositor's name) |
| <i>Kelly Waltigney</i>         | (Signature)        |
| 9-10-2004                      | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/827,763      | 04/06/2001  | Gary Seim            | 1275.8US01          | 7384             |

TITLE OF INVENTION: ATRIAL TACHYARRHYTHMIA DETECTION SYSTEM AND METHOD

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1330    | \$300           | \$1630           | 09/17/2004 |

| EXAMINER             | ART UNIT | CLASS-SUBCLASS |
|----------------------|----------|----------------|
| BRADFORD, RODERICK D | 3762     | 607-014000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363):

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Crawford Maunu PLLC  
 2 Mark Hollingsworth  
 3 Clara Davis

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cardiac Pacemakers, Inc.

St. Paul, MN

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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09/15/2004 WASFAW2 00000008 500996 09827763

01 FC:1501 1330.00 DA  
 02 FC:1504 300.00 DA

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